DOCUMENT RESUME

ED 261 302 CG 018 500

AUTHOR Crouse, Roy; Myszka, Michael
TITLE Effective Group Treatment for Diverse Sources of Anxiety on a College Campus.
PUB DATE Mar 85
NOTE 30p.; Paper presented at the Annual Meeting of the American College Personnel Association (Boston, MA, March 24-27, 1985).
PUB TYPE Guides - Non-Classroom Use (055) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Anxiety; *College Students; *Counseling Services; Group Counseling; Higher Education; Identification; Intervention; Models; *Needs Assessment; *Program Development; Resource Materials; *Stress Variables
IDENTIFIERS Colorado State University

ABSTRACT

This paper proposes guidelines based on student development theory and offers practical suggestions for developing a campus-wide anxiety treatment program. The proposed model is designed to allow staff to set priorities and implement plans compatible with available resources. Three major program components are discussed: assessing needs, assessing resources, and developing and assessing interventions. In the section on needs assessment, strategies for locating stressed students and identifying environmental stressors, and for classifying stressors are outlined and discussed. The section on assessing resources identifies several sources of pre-packaged program materials which can be time-saving and cost-effective. The section on developing and assessing interventions discusses balancing needs and resources, and offers pointers for program planning, delivery, and evaluation. In the final section, the anxiety management program developed by the University Counseling Center of Colorado State University is presented as a program model. The appendices contain lists of university sources for locating and referring stressed students, signs of chronic stress in students, and examples of environmental stressors; a Hassles Scales for classifying the severity of problems and pressures; stress issues organized by Chickering's developmental vectors; examples of stressors and intervention approaches; and the Anxiety Management Services Intake Form. (MCF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED261302

Effective Group Treatment for Diverse Sources of Anxiety on a College Campus

Roy Crouse

Radford University

Michael Myszka

Texas A and M University

CG 018500

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Roy H. Crouse

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Effective Group Treatment for
Diverse Sources of Anxiety on a College Campus

I. Purpose

Anxiety in its different forms is one of the most prevalent problems for college students. As a result of the large demand for anxiety treatment services, most counseling centers have developed preventive and/or remedial services in this area. In developing an anxiety program that will best serve an individual campus' needs, a number of factors must be recognized and addressed. Staff members' expertise and time resources must be matched with the most effective means of intervening with the student population and the college environment as a whole.

The purpose of this paper is to propose guidelines based on student development theory and offer practical suggestions to aid in the development of a campus-wide anxiety treatment program. This model allows staff to prioritize needs and implement plans as available resources allow. The program has three major components: assessing needs, assessing resources, and developing and assessing interventions. In addition, examples are given to illustrate how each area might be implemented.

II. Assessing needs

A. Locating stressed students and environmental stressors.

1. Student development literature, personal knowledge about your own campus, and brainstorming with other professionals on campus will aid you in developing a list of resources that can refer stressed students. Examples of possible referral sources are given in Appendix 1, "University Sources of Locating and Referring Stressed Students." Remember, however, that actual referral resources on your campus may vary from the list.

2. Stressed students

Counseling center staff often assume that other student affairs personnel and faculty and staff can always identify a student feeling stress. However, many key campus personnel that are in a position to locate and refer students suffering from stress do not know many signs and behaviors of a stress reaction. Brief educational work is sufficient to train personnel in identifying the major behaviors and signs of a stressed student.

Face-to-face training is always preferred to distributing literature. Therefore, make an effort to train the sources of locating and referring stressed students that were identified in Step 1. During training distribute literature about stress reactions and their symptoms for staff to

refer to later. Individual followups with staff two months later assure that the staff understand the identification and referral process. An example of a list that can be distributed to staff as a reminder of behaviors and signs of a stress reaction is given in Appendix 2 "Signs of Chronic Stress in Students."

3. Assessing environmental stressors

Many of the resources listed in Appendix 1 for locating individual students suffering from stress are also important resources in recognizing environmental stressors in your institution. Interviews with faculty and staff who are most likely to encounter stressed students can help you begin to recognize patterns associated with specific stressors on campus. A stratified sampling of students should be interviewed as a part of the assessment process. Parents can also be considered as a resource for reporting stress issues.

Campus newspapers and other publications should be reviewed for indications of stressors for students. Professional literature is an important source of common campus problems and developmental issues related to stress. Reviewing data of client problems seen in the counseling center will produce important areas of stress. Brainstorming by center staff

is also a good way to develop topics needing attention. Examples of typical environmental stressors found on college campuses are given in Appendix 3, "Examples of Environmental Stressors."

A number of individual assessment instruments for student stress are available. In selecting a battery of tests carefully consider the reasons for testing so that appropriate tests can be chosen. Popular nationally-normed tests such as the State-Trait Anxiety Inventory, (Spielberger, Gorsuch, and Lushene, 1968) are often useful. A few anxiety tests have been developed specifically for college students. The Student Hassles Scale (Crouse and Hobson-Panico, 1983) has seven scales: school-related issues, future events, personal responsibilities/concerns, interactions with other people, role demand conflicts, and evaluation apprehension. The The Student Hassles Scale is reproduced in Appendix 4. The Student Activity Survey (Stanford University, 1981) is another questionnaire developed to assess chronic stress in students.

B. Classifying stressors

1. After interviewing and collecting data from the sources just mentioned, a large pool of information will be collected that must be organized before treatment programs can be started. A useful way of organizing this data is to first classify the

issues belonging to developmental areas. Any developmental theory can be used as a basis for organization. An example of how a set of anxiety concerns could be organized using Chickering's developmental vectors is given in Appendix 5, "Stress Issues Organized by Chickering's Developmental Vectors."

Since many anxiety concerns relate to more than one vector, assigning each concern to a specific vector will influence how the program is developed. For example, in Appendix 5 anxiety related to "interpersonal communications" was placed under the heading "Freeing Interpersonal Relationships" rather than "Developing Competence" because this problem was perceived to be more of a relationship concern than a skill deficit. In some cases an anxiety concern could be listed under two or more categories if separate programs are needed to address different areas of concern. More commonly, a program has an emphasis in one primary area and addresses the related developmental concerns as needed in one program.

2. Developing a hierarchy of problems to be addressed for your college

Deciding which stress issues should have the highest priority in program development is a subjective, but very important decision. The input that was

received from students, student leaders, counseling center records, faculty, and the other sources that were used in generating the list of stressors will help in developing a priority listing.

A common mistake made during this process is using your or another staff member's "pet projects" instead of making an unbiased assessment of real needs. If students do not perceive a personal need for the program or service that is offered they will not participate and your time will be wasted.

Before developing priorities, your staff will have to weight the most important factors that will be considered for the programs. Some of the factors you will need to consider are:

- number of students served
-severity of stress
-the efficiency with which an intervention can be made through the use of paraprofessionals or training others to lead the program
-the approach that can be used (preventive-remedial)
-the type of stress (e.g., academic vs. social)
-campus politics

When you have decided which factors are most important for your campus, use those in considering which

issues are most critical for your staff to address first, then rank all the stress issues that have been proposed.

3. Deciding upon possible intervention approaches

Two determinations need to be made for each stress issue:

a. Is a remedial, developmental, or preventive approach most appropriate?

b. Is the intervention best made at a small group, large group, or environmental level?

Stress problems will often need to be addressed at several different levels with different kinds of programming. An example of how this might occur is given in Appendix 6 "Example of Priority Listing of Stressors, Intervention Approach, and Level of Intervention."

At this point do not make a final determination of how the programming will be conducted. Once an assessment of possible resources is conducted it will be easier to make the final decision of how interventions will be made.

III. Assessing Resources

The second step in designing treatment interventions is to assess available resources. In assessing resources, it is important to consider not only program ideas and materials, but personnel resources as well.

A good place to begin in designing an anxiety management program is to locate program and treatment ideas which are already available. Treatment and program ideas are not limited to printed materials. Visual and audio media presentations are also available. Currently available programs are remedial as well as preventive and developmental in focus.

Using packaged and pre-packaged materials prevents unnecessary duplication of efforts in designing an anxiety management program. Most programs are already field-tested and have been modified to meet the needs of students and limitations of campus settings. Integrating ideas from already existing programs into the design of an anxiety management program is cost-effective. This frees the professional to spend time in actual program implementation.

Two of the most valuable sources of program ideas are the Clearinghouse for Structured Programs (available through the Office of Counseling and Student Development, Roosevelt Hall, University of Rhode Island, Kingston, RI (02881) and the Clearinghouse for Innovative Programs in Mental

Health (available through Counseling-Psychological Services Center, The University of Texas at Austin, Austin, TX 78713-8119). Both Clearinghouses publish yearly catalogues which provide abstracts of programs and information on how to obtain more complete outlines of programs.

The American College Personnel Association (ACPA) is an important source of program and treatment ideas. Ideas for anxiety management programs can be found in ACPA Monographs and in practitioner-oriented articles in the organization's bimonthly journal, the Journal of College Student Personnel.

Anxiety Management Training (AMT) is a treatment modality which is very adaptable in treating various anxiety-related problems. Suinn (1977) is author of a Manual for Anxiety Training (AMT), available through Rocky Mountain Behavioral Sciences Institute, c/o the Department of Psychology, Colorado State University, Fort Collins, CO 80523.

Resources are also currently available for designing programs which are more preventive or developmental in nature. Audio and video tapes which explore various stress-related issues of college students are examples of such media presentations. The University of Texas Counseling-Psychological Services Center (address--Counseling-Psychological Services Center, The University of Texas at Austin, Austin, TX 78713-8119), has created a service known as Counseline. Counseline consists of a series of tapes containing information on topics relevant to the concerns of college students. Topics

range from how to select a major to issues of sexuality. Students access the tapes by calling a special telephone number. Other counseling centers have adopted Counseline for their own use. It is a service which provides information to students in a confidential manner, while not overtaxing professional resources.

Various counseling centers have developed videotapes focusing on a wide range of student concerns. These videotapes can be presented to groups of students. The Clearinghouse for Innovative Programs in Mental Health lists a number of videotapes and how they can be purchased.

Pre-packaged programs are most useful if one is flexible in designing a program. In adapting programs for one's own use, it is important to be aware of the needs of students and the limited resources of your own campus.

Ideas for treatment and prevention program can also be generated by allied professionals on campus. Allied professionals are also an important source of personnel for presenting and implementing programs. Allied professionals often bring important and unique perspectives to program development. When allied professionals are included in program planning and program implementations important liaisons are developed among campus agencies. Furthermore, allied professionals are often important screening and referral agents for anxiety management programs. For instance a workshop on stress management might include a health

educator who can address nutritional issues related to stress. Or health personnel at a student health center might refer students for counseling when it is evident that they are experiencing anxiety-related health problems.

Graduate students in student personnel and counseling programs are another potential source of personnel. By recruiting students from academic programs, a student personnel agency increases its ability to deliver services while also extending its mission to the training of future professionals. The training of graduate students and para-professionals to work in an anxiety-management program should focus on both intake and treatment procedures. Basic training in helping and interviewing skills might be provided if the student has not already received this training in his or her own academic program.

IV. Developing and Assessing Interventions

A. Balancing needs and resources

At this point many possibilities will exist for how interventions could be made for each prioritized stressor. Since you considered program possibilities for each stressor at preventive, developmental, and remedial levels, and intervention needs at small group, large group, and environmental levels, all those components must be considered along with the available resources in developing final plans for programs.

Since efficient use of your resources will allow you to address more stress issues, care must be taken in balancing resources according to priorities. If it will take your staff a great amount of time to develop and run a program for your first priority stressor, is it better to use existing programs that can be used for lower priority stressors? Should programming occur for a stressor occur only at the remedial level now, although ideally it would also occur at the preventive level? How much, if any, should the possible effectiveness of a program be compromised to make it more efficiently presented? These, and similar issues, will have to be carefully considered by your planning team

before any interventions are actually made.

Several factors need to be considered at this point. Having a commitment to group interventions is a major step toward being more efficient. Examining appropriate use of professional staff in program development and implementation is critical. Time spent in training permanent staff on campus is a good investment. When training paraprofessionals or other students the training and supervision time versus the amount of possible impact must be considered.

B. Planning program goals, delivery methods, and evaluation

Once a final determination of the first programs to be developed is made, the program planning team should be organized.

The members of this planning team will determine how the final interventions will be made. Moore and Delworth (1976) suggested that a planning team consist of four categories of members:

1. professionals in the field in which the program is being developed
2. allied professionals bringing relevant expertise from professionals outside the program area
3. paraprofessionals who will be trained
4. members of the target population

Since it is easy to lose sight of your original goals when you are working with a committee using the program objectives that were developed earlier keeps your priorities clarified during the final planning. While the planning team is meeting, responsibilities for training, advertising, etc. can be delegated.

For most university staffs planning is most efficiently conducted during the summer so a year schedule can be made. Having the stress issues defined developmentally allows you to choose proper timing for different programs. For example, early Fall semester is the best time for Freshmen adjustment programs, midsemester and before finals for test anxiety programs, and early Spring for graduation anxiety programs. Staff consultation and training can often be conducted in the summer since more counseling center staff are available, but faculty training may be done most efficiently when more faculty members are on campus.

Good advertising and coordination with the client group is important. The place for the program should be easily accessable geographically for the group being addressed. The time of the year, semester, weeks and day for the program should be carefully considered to avoid conflict with

other campus events or busy academic periods.

Evaluations should always be included with the programs. In planning an evaluation, use the program goals as guidelines for the content of the evaluation. Design the evaluations so you can receive concrete feedback on how the program could be improved. A pilot program may be useful if a program will be an important or ongoing program. This will allow time for refinements to be made before the main program is given. If you are using new exercises, try them out with a few people who are similar to the target group.

When making a final determination of the delivery method, ask yourself if other interventions, such as media interventions, could be as effective and more efficient than a group intervention. Newspaper articles, radio and TV programs, films, and videotapes may be alternatives.

A year end evaluation of your total programming efforts will be useful to start a large scale refinement of the campus-wide anxiety programming.

V. A Model of an Anxiety Management Program

In this final section, we will present a model of an anxiety management program (AMP) which was developed at the University Counseling Center of Colorado State University (CSU). The CSU program serves students who experience various forms of anxiety-related problems. These problems include math, public speaking and test anxiety, as well as generalized anxiety and high stress. In a typical semester, 140 students are seen through AMP.

Referrals to AMP originate with health center personnel, academic advisors and counselors within the University Counseling Center. Potential AMP clients are screened during an intake interview lasting one-half hour. The purpose of the interview is to determine whether or not the client's difficulty is related to anxiety (i.e. experiencing heart papiltations, panic attacks while preparing for exams) or skill deficits and learning problems (i.e. poor study skills or test taking strategies, low academic aptitude). (See Appendix 7, interview checklist.) When appropriate, a referral is made to a learning skills program, academic assistance program or study/test taking skills workshop. If the referral appears appropriate, then clients are assigned to groups with a treatment focus on either math, public speaking, test anxiety, or general stress management.

The group treatment is based upon Anxiety Management

Training (AMT) (Suinn, 1977). Treatment consists of six sessions including progressive relaxation and anxiety management training. Clients also receive guidelines for practicing relaxation at home, and for keeping a diary of stressful situations and coping responses.

The anxiety management program is able to treat a large number of students much more efficiently than traditional treatment methods. AMT, unlike traditional desensitization methods can be conducted in a group session and still be tailored to an individual's problem. Clients are taught various coping skills based upon such relaxation procedures as progressive deep muscle relaxation, breathing exercises, imagery and cue-induced relaxation. Unlike traditional desensitization methods which require therapists to present problematic scenes to clients (e.g., Wolpe, 1958), clients are instructed to visualize anxiety scenes on their own. Also, in AMT, only four anxiety scenes are developed. More traditional methods require the use of 10 or more scenes. Homework exercises further facilitate change and encourage the generalization and transfer of AMT methods to real life situations.

The highly structured nature of the Anxiety Management Program permits the use of paraprofessionals to assess and treat many clients, and allows other clients to be treated in a group format by professional staff. The Anxiety Management Program can also be easily modified to meet

the changing needs of students throughout the course of the academic year. The demand for test anxiety programs increased as the semester progressed. In response, short, one-and-a-half hour mini-sessions on test anxiety are offered during the time period immediately preceding final exams. These sessions review relaxation techniques, study skills, and test-taking strategies. In addition to test, math and public speaking anxiety groups, the counseling center also offers a twice weekly noon relaxation hour.

The Anxiety Management Program is just one example of a remedial program directed at diverse sources of anxiety which interfere with a student's social and academic adjustment. Remedial programs are even more effective when they are complemented by developmental and preventive programs. Workshops for academic advisors and faculty that are designed to help them identify test anxiety problems and the dissemination of literature related to time and stress management in a waiting room are examples of developmental and preventive programs. These programs can foster the development of life skills as well as preventing anxiety-related problems by impacting the campus environment where students live and study.

Bibliography

Crouse, R., & Hobson-Panico, P. The Student Hassles Scale, Colorado State University, Fort Collins, CO, 1983.

Moore, M., & Delworth, U. Training Manual for Student Service Program Development. Boulder, CO: Western Interstate Commission for Higher Education, 1976.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. The State-Trait Anxiety Inventory. Palo Alto: Consulting Psychologists Press, 1968.

Stanford University. The Student Activity Survey: A Measure of Chronic Stress Among Stanford Undergraduates. Unpublished Questionnaire, 1981. (Requests L. Powell, P. O. Box 7921, Mt. Zion Hospital, San Francisco, CA 94120).

Suinn, R. M. (1977). Manual for Anxiety Management (AMI). Fort Collons, CO: Rocky Mountain Behavioral Science Institute.

Wolpe, J. (1958). Psychotherapy by Reciprocal Inhibition. Stanford, CA: Stanford University Press.

Appendix 1

UNIVERSITY SOURCES OF LOCATING AND REFERRING STRESSED STUDENTS

Residence hall staff

Student health center

Financial Aid

Career Planning and placement center

Dean of Students

Campus police

Academic retention programs

Departmental tutors

Academic advising offices

Admissions office

Registrar

Special services offices (international students, minority students, disabled students, older returning students, women's resource centers)

Library

University lawyer

Judicial board

Faculty and departmental deans

University bars

Student government leaders, student organizations and clubs and paraprofessionals

Appendix 2

SIGNS OF CHRONIC STRESS IN STUDENTS

appears hurried - walks, talks, and eats quickly

head and limb movements are quick and jerky

constant, restless movement even when sitting

easily startled

conversations are intense and rushed

sighing

mood shifts from happy to sad

over emotional reactions to events

overuse of absolute expressions - "never", "always"

constantly shifting eye contact during conversations

frequent interruptions during conversations

overly defensive and intense when challenged

strongly opinionated

becomes agitated when waiting

critical of others

preoccupied with him/herself

complaints of physical symptoms related to stress

difficulty in relaxing and sleeping

abuse of alcohol or other drugs

difficulty in concentrating

memory impairment

frequent worrying and anticipation of misfortune

depressive symptoms may be present

Appendix 3

EXAMPLES OF ENVIRONMENTAL STRESSORS

Pressures related to tests

Financial problems

Concerns about weight

Pressure to drink or party

Trouble sleeping due to noise

Few good places to study

Poor instructors in classes

Scheduling problems

Transportation problems

Appendix 4

The Hassles Scale

DIRECTIONS; Hassles are irritants that can range from minor annoyances to fairly major pressures, problems, or difficulties. They can occur few or many times.

Listed on the following pages are a number of ways in which a person can feel hassled. If a particular hassle has not occurred in the past month, please place a check in the space under the column headed with a "NO". If a hassle listed below has happened to you in the past month, indicate its severity by placing a check in a column headed with a "1", "2", or "3" (corresponding to the degree of severity).

Response Codes

NO - Hassle has not happened to me during the past month

1 - Hassle has occurred and was somewhat severe

2 - Hassle has occurred and was moderately severe

3 - Hassle has occurred and was extremely severe

Hassles	NO	1	2	3
1. Concerns with taking tests.	___	___	___	___
2. Lack of money for social activities.	___	___	___	___
3. Concern about being overweight.	___	___	___	___
4. Not getting enough sleep.	___	___	___	___
5. Problems with inconsiderate people.	___	___	___	___
6. Too many interruptions.	___	___	___	___
7. Being lonely.	___	___	___	___
8. Too many things to do.	___	___	___	___
9. Concern with tendency to procrastinate.	___	___	___	___
10. Poor instructor in class.	___	___	___	___
11. Having to get up too early.	___	___	___	___
12. Being exploited by friends.	___	___	___	___
13. Concern with being constantly evaluated.	___	___	___	___

Hassles	NO	1	2	3
14. Can't balance student and social roles.	___	___	___	___
15. Not enough personal energy.	___	___	___	___
16. Physical fitness.	___	___	___	___
17. Having to talk to people when you don't feel like it.	___	___	___	___
18. Too much pressure to be social.	___	___	___	___
19. Studying	___	___	___	___
20. Troubling thoughts about your future.	___	___	___	___
21. Planning daily activities.	___	___	___	___
22. Concern with physical appearance.	___	___	___	___
23. Not enough personal space.	___	___	___	___
24. Having to wait.	___	___	___	___
25. Wasting time.	___	___	___	___
26. Worry about the economy.	___	___	___	___
27. Worry about the future job market.	___	___	___	___
28. Concern about meeting high standards.	___	___	___	___
29. Thoughts of final exams.	___	___	___	___
30. Not enough time for recreation.	___	___	___	___

31. Please list any hassles which have happened to you in the past month yet were not listed above.

Appendix 5

STRESS ISSUES ORGANIZED BY CHICKERING'S DEVELOPMENTAL VECTORS

I. Developing Competence
- anxiety related to athletic competition
- assertiveness
- speech anxiety
- Graduation anxiety

II. Managing Emotions
- anger control and expression
- overcoming specific anxieties
- sexual

III. Developing Autonomy
- homesickness
- minority isolation

IV. Establishing Identity
- sexual values clarification
- personal values clarification

V. Freeing Interpersonal Relationships
- interpersonal communications
- increasing tolerance of others
- developing intimacy

VI. Developing Purpose
- life planning
- leisure planning

VII. Developing Integrity
- religion and lifestyle
- maintaining personal values

Appendix 6

EXAMPLE OF PRIORITY LISTING OF STRESSORS, INTERVENTION APPROACH, AND LEVEL OF INTERVENTION

High level of general anxiety for veterinarian students created by time demands and academic pressure in general.

A. Preventive Approaches

1. consultation with faculty including:

- how to identify anxiety problems
- how to refer
- helping faculty identify program stressors and restructure program as needed

2. Orientation program for new veterinarian students

B. Developmental Approaches

- faculty and student groups related to professional identity
- groups for married students on stress issues for couples as students and professionals

C. Remedial Approaches

- anxiety management groups
- time management, test anxiety, etc.

Appendix 7

ANXIETY MANAGEMENT SERVICES INTAKE FORM

DATE_____

CLIENT_____

PARAPRO_____

PRESENTING PROBLEM/PROGRAM REQUEST:_____

_____

1. PHYSIOLOGICAL AROUSAL:
   - (a) muscular tension _____
   - (b) stiff neck/headache _____
   - (c) excessive perspiration _____
   - (d) trembling _____
   - (e) rapid heart rate _____
   - (f) upset stomach _____
   - (g) clammy/cold hands _____
   - (h) other: _____ _____

2. COGNITIVE INTERFERENCE:
   - (a) worrying about performance _____
   - (b) self-critical thinking _____
   - (c) comparing self to others _____
   - (d) consequences of poor performance _____
   - (e) concentration difficulty/blocking _____
   - (f) indecisiveness/rumination _____
   - (g) daydreaming _____
   - (h) criticism of test (speech) _____
   - (i) somatic distractability _____
   - (j) external distractability _____
   - (k) other:_____ _____

3. OVERT BEHAVIORS:
   (e.g. study avoidance, speech avoidance, social isolation, etc.)

   _____

   _____

   _____

   _____

4. ANXIETY RATING: (Tests, Math exams, Speeches)

   0 — 25 — 50 — 75 — 100

   No Anxiety Whatsoever — Moderate Anxiety — Panic

5. HOW LONG EXPERIENCED?
   - (a) less than 1 year _____
   - (b) 1-2 years _____
   - (c) 3-5 years _____
   - (d) 6-10 years _____
   - (e) greater than 10 years _____

6. SITUATIONAL PARAMETERS:
   (e.g. specific courses, audience size, homework vs. exams)

   _____

   _____

   _____

7. ADDITIONAL SOURCES OF ANXIETY:
   - (a) general trait _____
   - (b) vocational performance _____
   - (c) social _____
   - (d) heterosexual _____
   - (e) specific objects/things _____
   - (f) other:_____ _____
   - (g) other:_____ _____

8. ANXIETY-RELATED CONFLICT:
   - (a) parental pressure _____
   - (b) competition with siblings_____
   - (c) social pressure _____
   - (d) other:_____ _____
   - (e) other:_____ _____

9. CURRENT COPING STRATEGIES: (include meds, drugs, alcohol, avoidance maneuvers, etc.)

_____

_____

_____

10. WHY SEEKING COUNSELING NOW?

_____

_____

_____

11. PREVIOUS COUNSELING?

(a) yes_____ no_____

(b) type _____

(c) who/where_____

(d) helpfulness:

1 2 3 4 5

Not at all helpful — Moderately helpful — Extremely helpful

12. GENERAL ABILITY:

(a) H.S. GPA _____

(b) College GPA _____

(c) CSU GPA _____

(d) SAT ($\bar{x}$ = 500, SD = 100) _____

(e) ACT ($\bar{x}$ = 20, SD = 5) _____

13. STUDY ENVIRONMENT:

(a) Overly noisy _____

(b) too many distractions (telephone, TV, friends) _____

(d) inadequate physical conditions (lighting, ventilation) _____

14. QUANTITY OF ACTUAL STUDY/PREPARATION TIME:

(a) hours/day during week _____

(b) hours/day during weekend _____

(c) preparation time-speeches_____

15. STUDY SKILLS:

(a) poor note-taking strateties _____

(b) memory/concentration difficulties _____

(c) time-management problems _____

(d) reading deficit _____

(e) writing deficit _____

(f) lack of motivation _____

(g) poor test-taking strategies _____

16. ACADEMIC SATISFACTION:

1 2 3 4 5

Extremely Dissatisfied — Moderately Satisfied — Extremely Satisfied

17. MOTIVATION FOR COUNSELING:

1 2 3 4 5

Low — Medium — High

18. MOOD RATING: (Parapro)

1 2 3 4 5

Extreme Depression — Appropriate — Extreme Elation

19. ANXIETY RATING: (Parapro)

1 2 3 4 5

Extremely Relaxed — Moderately Tense — Extremely Tense

20. OTHER PERTINENT INFORMATION OR ELABORATION ON THE ABOVE:

_____

_____

_____

_____

_____

_____

_____

_____

_____